

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Pacific Life Insurance Company Political Action Committee

ADDRESS (number and street) ▼

700 Newport Center Drive

☐ Check if different than previously reported. (ACC)

Newport Beach

CA

92660

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00068528

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
04 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
04 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Patricia Douglass

Signature of Treasurer

Patricia Douglass

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
05 09 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

|   | COLUMN A<br>This Period   | COLUMN B<br>Calendar Year-to-Date                                     |
|---|---|---|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><span style="border: 1px solid black; padding: 2px;">2016</span> |   | <span style="border: 1px solid black; padding: 2px;">170422.05</span> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | <span style="border: 1px solid black; padding: 2px;">168932.96</span> |   |
| (c) Total Receipts (from Line 19) .....   | <span style="border: 1px solid black; padding: 2px;">40982.64</span>  | <span style="border: 1px solid black; padding: 2px;">132993.55</span> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....   | <span style="border: 1px solid black; padding: 2px;">209915.60</span> | <span style="border: 1px solid black; padding: 2px;">303415.60</span> |
| 7. Total Disbursements (from Line 31) .....   | <span style="border: 1px solid black; padding: 2px;">13000.00</span>  | <span style="border: 1px solid black; padding: 2px;">106500.00</span> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | <span style="border: 1px solid black; padding: 2px;">196915.60</span> | <span style="border: 1px solid black; padding: 2px;">196915.60</span> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | <span style="border: 1px solid black; padding: 2px;">0.00</span>      |   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <span style="border: 1px solid black; padding: 2px;">0.00</span>      |   |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 04 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y  
 04 / 30 / 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

33810.98

85033.92

(ii) Unitemized .....

7171.66

47959.63

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

40982.64

132993.55

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

40982.64

132993.55

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

40982.64

132993.55

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

40982.64

132993.55

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 13000.00                      | 106500.00                         |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 13000.00                      | 106500.00                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 13000.00                      | 106500.00                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 40982.64                      | 132993.55                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 40982.64                      | 132993.55                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 0.00                          | 0.00                              |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. ROMAN T BAUTCH**

Mailing Address 1132 ARIANA RD

City

SAN MARCOS

State

CA

Zip Code

92069-8121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

RVP Wholesaler

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 22 / 2016

Transaction ID : 14035563

Amount of Each Receipt this Period

300.00

☐ Memo Item

Check

Full Name (Last, First, Middle Initial)

**B. MS. ALICE P TERLECKY**

Mailing Address 7 PLAYA CIRCLE

City

ALISO VIEJO

State

CA

Zip Code

92656-1621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP NEW BUSINESS SVCS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

04 / 19 / 2016

Transaction ID : 14035564

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Check

Full Name (Last, First, Middle Initial)

**C. MS. JILL M WALSH**

Mailing Address 120 S CALLE DIAZ

City

ANAHEIM

State

CA

Zip Code

92807-3907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

Analyst

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 07 / 2016

Transaction ID : 14035593

Amount of Each Receipt this Period

450.00

☐ Memo Item

Check

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JEFFREY R DEY

Mailing Address 5 MAGNOLIA DR

City State Zip Code  
 LADERA RANCH CA 92694-0710

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

Asst. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2016

Transaction ID : 14035595

Amount of Each Receipt this Period

2650.00

☐ Memo Item

Check

Full Name (Last, First, Middle Initial)

B. MS. SHARON A CHEEVER

Mailing Address 33512 VALLE RD

City State Zip Code  
 SAN JUAN CAPISTRANO CA 92675-4838

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP &amp; GEN COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2016

Transaction ID : 14035596

Amount of Each Receipt this Period

5000.00

☐ Memo Item

check

Full Name (Last, First, Middle Initial)

C. MS. JUNE G ARCE

Mailing Address 20050 EMERALD MEADOW DR

City State Zip Code  
 WALNUT CA 91789-3506

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR MKTG COMPL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

Transaction ID : PR103621011831

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7710.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. DEWEY P BUSHAW**

Mailing Address 5433 RESIDENCIA

City State Zip Code  
NEWPORT BEACH CA 92660-9047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EXEC VP RSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1664.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

**Transaction ID : PR103623011831**

Amount of Each Receipt this Period

416.00

☐ Memo Item

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. MICHAEL J BUSSARD**

Mailing Address 5256 LYSANDER LN

City State Zip Code  
BRENTWOOD TN 37027-3110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

**Transaction ID : PR103623111831**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOSEPH E CELENTANO**

Mailing Address 26661 CAMPESINO

City State Zip Code  
MISSION VIEJO CA 92691-6048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP & CHIEF RISK OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

**Transaction ID : PR103623811831**

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

766.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. DENNIS M CORBETT**

Mailing Address 15136 TOURAIN WAY

City State Zip Code  
 IRVINE CA 92604-3173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP TAX COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103625111831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. DEBRA CUNNINGHAM HONERKAMP**

Mailing Address 839 PROMONTORY DRIVE WEST

City State Zip Code  
 NEWPORT BEACH CA 92660-7361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE DEVELOPMENT & ACQUISITNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103625611831

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$150.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. STEPHANIE J CURRY**

Mailing Address 6453 MEADOWRIDGE DR

City State Zip Code  
 SANTA ROSA CA 95409-5848

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

RETIREMENT STRATEGIES CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103625911831

Amount of Each Receipt this Period

105.00

☐ Memo Item

P/R Deduction (\$105.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

430.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MARK R FALK**

Mailing Address 64 SUMMERSTONE

City

IRVINE

State

CA

Zip Code

92614-7000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103627111831

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. FRANK J GOETZ**

Mailing Address 7 SOVENTE

City

IRVINE

State

CA

Zip Code

92606-0830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP & ASST CHIEF UNDRWRTR ADM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103629011831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. LORENE C GORDON**

Mailing Address 1640 CARMELITA

City

LAGUNA BEACH

State

CA

Zip Code

92651-3330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP OPERATIONS & PMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103629311831

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 11 OF 61

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. ADRIAN S GRIGGS**

Mailing Address 616 NARCISSUS AVE

|                |       |            |
|----------------|-------|------------|
| City           | State | Zip Code   |
| CORONA DEL MAR | CA    | 92625-2417 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP &amp; CHIEF FIN OFCR

Receipt For:

|  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Aggregate Year-to-Date ▼

1664.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 30    |   | 2016        |

**Transaction ID : PR103629611831**

Amount of Each Receipt this Period

416.00

☐ Memo Item

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DALE E HAWLEY**

Mailing Address 1137 SUNSET CLIFFS BLVD

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| SAN DIEGO | CA    | 92107-4014 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

|  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Aggregate Year-to-Date ▼

296.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 30    |   | 2016        |

**Transaction ID : PR103630711831**

Amount of Each Receipt this Period

74.00

☐ Memo Item

P/R Deduction (\$74.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. KEVIN A HENDRA**

Mailing Address 58 VIAGGIO LN

|                |       |            |
|----------------|-------|------------|
| City           | State | Zip Code   |
| FOOTHILL RANCH | CA    | 92610-1925 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP TAX

Receipt For:

|  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Aggregate Year-to-Date ▼

340.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 30    |   | 2016        |

**Transaction ID : PR103631111831**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

590.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 12 OF 61

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. HOWARD T HIRAKAWA**

Mailing Address 23972 GOLDENEYE DR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-1332

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP INVESTMENT ADVISOR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR103631611831**

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. CAROL A JENSEN**

Mailing Address 8554 202ND STREET SW

City

EDMONDS

State

WA

Zip Code

98026-6643

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP M FINANCIAL DISTRIBUTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR103632411831**

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$300.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JEFF R JOHNSON**

Mailing Address 1 SAND OAKS RD.

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-5720

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR103632511831**

Amount of Each Receipt this Period

80.00

☐ Memo Item

P/R Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

630.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 61

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MARK J JOHNSON**

Mailing Address 1812 LEADBURN RD

City  
TOWSONState  
MDZip Code  
21204-1831FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR103632711831**

Amount of Each Receipt this Period

0.00

☐ Memo Item

P/R Deduction (\$0.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. FLETCHER C LARSON**

Mailing Address 709 AVENIDA MIROLA

City

PALOS VERDES ESTATES

State

CA

Zip Code

90274-4307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR103634711831**

Amount of Each Receipt this Period

400.00

☐ Memo Item

P/R Deduction (\$400.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. LAURENE E MAC ELWEE**

Mailing Address 1033 SECRETARIAT CIR

City

COSTA MESA

State

CA

Zip Code

92626-1620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP FUND COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR103635611831**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

575.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 61  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOSE T MISCOLTA**

Mailing Address 3 GRETCHEN COURT

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| ALISO VIEJO | CA    | 92656-5203 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INVESTMENT MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

Transaction ID : PR103637511831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JAMES T MORRIS**

Mailing Address 32141 COOK LN

|                     |       |            |
|---------------------|-------|------------|
| City                | State | Zip Code   |
| SAN JUAN CAPISTRANO | CA    | 92675-3934 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

CHAIRMAN, PRESIDENT &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1664.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

Transaction ID : PR103637911831

Amount of Each Receipt this Period

416.00

☐ Memo Item

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. JOYCE J PEAD**

Mailing Address 25 SUNRISE

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| IRVINE | CA    | 92603-3719 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP HR BUS PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

Transaction ID : PR103640011831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

616.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 61

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. THEODORE A PREMIER**

Mailing Address 20 MOLINO

|               |       |            |
|---------------|-------|------------|
| City          | State | Zip Code   |
| NEWPORT BEACH | CA    | 92660-9116 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP RE INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

Transaction ID : PR103640811831

Amount of Each Receipt this Period

350.00

☐ Memo Item

P/R Deduction (\$350.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOSEPH A PUM**

Mailing Address 33 BOLERO

|               |       |            |
|---------------|-------|------------|
| City          | State | Zip Code   |
| MISSION VIEJO | CA    | 92692-5160 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

Transaction ID : PR103640911831

Amount of Each Receipt this Period

105.00

☐ Memo Item

P/R Deduction (\$105.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. THOMAS M RONCE**

Mailing Address 19 GLEN ELLEN

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| IRVINE | CA    | 92602-2002 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP &amp; TAX COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

Transaction ID : PR103642011831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

630.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 61  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. RICHARD J SCHINDLER**

Mailing Address 28472 AVENIDA PLACIDA

City State Zip Code  
 SAN JUAN CAPISTRANO CA 92675-6319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP LIFE INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1664.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103642611831

Amount of Each Receipt this Period

416.00

☐ Memo Item

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. KIMBERLY K SCHULTZ**

Mailing Address 28392 CALLE PINON

City State Zip Code  
 SAN JUAN CAPISTRANO CA 92675-5802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103643011831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. CATHY L SCHWARTZ**

Mailing Address 87 PELICAN CT

City State Zip Code  
 NEWPORT BEACH CA 92660-2930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103643111831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

691.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. SONJA V SCOTT**

Mailing Address 30 CANYONWOOD

City

IRVINE

State

CA

Zip Code

92620-1221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COMPENSATION

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103643311831

Amount of Each Receipt this Period

55.00

☐ Memo Item

P/R Deduction (\$55.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. CAROL R SUDBECK**

Mailing Address 11 SOMMET

City

NEWPORT COAST

State

CA

Zip Code

92657-0104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP, CORPORATE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

832.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103645011831

Amount of Each Receipt this Period

416.00

☐ Memo Item

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOHN G TORELL**

Mailing Address 355 S LORETTA DR

City

ORANGE

State

CA

Zip Code

92869-4633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & ASSISTANT CONTROLLER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103645811831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

571.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. STEPHEN J TORETTO**

Mailing Address 22862 ORENSE

City

MISSION VIEJO

State

CA

Zip Code

92691-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP ASSOCIATE GENERAL COUNSEL

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

Transaction ID : PR103645911831

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. KHANH T TRAN**

Mailing Address 47 VERNAL SPG

City

IRVINE

State

CA

Zip Code

92603-0404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ACG CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

Transaction ID : PR103646011831

Amount of Each Receipt this Period

416.66

☐ Memo Item

P/R Deduction (\$416.66 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. EDDIE D TUNG**

Mailing Address PO BOX 10386

City

NEWPORT BEACH

State

CA

Zip Code

92658-0386

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP VAR PRODUCTS ACTG

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

445.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

Transaction ID : PR103646211831

Amount of Each Receipt this Period

115.00

☐ Memo Item

P/R Deduction (\$115.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

606.66

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. CATHRYN L VAN WEY**

Mailing Address 41974 CARSON CT

City

MURRIETA

State

CA

Zip Code

92562-2254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP NATL ACCTS & BD SVCS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103646311831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOHN M WALDECK**

Mailing Address 67 LAURELHURST DR

City

LADERA RANCH

State

CA

Zip Code

92694-0204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP COMMERCIAL MORTGAGE INV

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103646511831

Amount of Each Receipt this Period

416.66

☐ Memo Item

P/R Deduction (\$416.66 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOHN WHITE**

Mailing Address 28532 VIA PRIMAVERA

City

SAN JUAN CAPISTRANO

State

CA

Zip Code

92675-5513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP SALES SUPPORT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103647411831

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$200.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

716.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. REED J LLOYD**

Mailing Address 84 NORTHWOODS RD

City State Zip Code  
 NORTH GRANBY CT 06060-1003

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP RETIREMENT STRATEGIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2016

Transaction ID : PR10365211831

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. CAROL E RUMSEY**

Mailing Address 25221 SPINDLEWOOD

City State Zip Code  
 LAGUNA NIGUEL CA 92677-1967

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP FUND &amp; ADVISOR COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2016

Transaction ID : PR103654511831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. PHILIP A TEETER**

Mailing Address 31422 ALTA LOMA DR

City State Zip Code  
 LAGUNA BEACH CA 92651-6926

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2016

Transaction ID : PR103654711831

Amount of Each Receipt this Period

275.00

☐ Memo Item

P/R Deduction (\$275.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. TENNYSON S OYLER**

Mailing Address 18 ASHFORD

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| IRVINE | CA    | 92618-3916 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP BRAND MGMT &amp; PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR103656111831**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. VALERIE MORRIS**

Mailing Address 48 W YALE LOOP

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| IRVINE | CA    | 92604-3619 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR103656811831**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. PATRICIA S DOUGLASS**

Mailing Address 640 SAINT JAMES RD

|               |       |            |
|---------------|-------|------------|
| City          | State | Zip Code   |
| NEWPORT BEACH | CA    | 92663-5855 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP GOVT RELNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR103657311831**

Amount of Each Receipt this Period

330.00

☐ Memo Item

P/R Deduction (\$330.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

605.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOHN F O'DONNELL**

Mailing Address 24566 MOONFIRE DR

City  
DANA POINT

State Zip Code  
CA 92629-1779

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

Transaction ID : PR103659611831

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. RICHARD A TAUBE**

Mailing Address 24081 NUTHATCH LN

City  
LAGUNA NIGUEL

State Zip Code  
CA 92677-1382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INSTITUTIONAL SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

Transaction ID : PR103660411831

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. TRAVIS R MC KAY**

Mailing Address 48 GOLF AVE

City  
CLARENDON HILLS

State Zip Code  
IL 60514-1252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

Transaction ID : PR103660611831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

575.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. KATHARINE B YOUNG**

Mailing Address 18647 SANTA ISADORA ST

|                 |       |            |
|-----------------|-------|------------|
| City            | State | Zip Code   |
| FOUNTAIN VALLEY | CA    | 92708-6232 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP VALUATION &amp; RISK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   | 3 | 0 |   | 2 | 0 | 1 | 6 |   |   |

**Transaction ID : PR103661011831**

Amount of Each Receipt this Period

220.00

☐ Memo Item

P/R Deduction (\$220.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. CHRISTOPHER VAN MIERLO**

Mailing Address 400 EL VUELO

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| SAN CLEMENTE | CA    | 92672-7513 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP RSD SALES CHF MKTG OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1664.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   | 3 | 0 |   | 2 | 0 | 1 | 6 |   |   |

**Transaction ID : PR103661511831**

Amount of Each Receipt this Period

416.00

☐ Memo Item

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. RICHARD M WILKES**

Mailing Address 11144 SAGE CREEK DR

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| GALENA | OH    | 43021-8007 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   | 3 | 0 |   | 2 | 0 | 1 | 6 |   |   |

**Transaction ID : PR103662711831**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

736.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. RICHARD S BANNO**

Mailing Address 26666 WHITE OAKS DR

City

LAGUNA HILLS

State

CA

Zip Code

92653-7577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE SECURITIES & RESEARCH

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

Transaction ID : PR103662811831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. STEPHEN M BOLLINGER**

Mailing Address 17345 FLAME TREE CIR

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-3521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP TECHNOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

Transaction ID : PR103663011831

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. MARY ANN BROWN**

Mailing Address 304 WEYMOUTH PL

City

LAGUNA BEACH

State

CA

Zip Code

92651-1455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP CORPORATE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

Transaction ID : PR103663111831

Amount of Each Receipt this Period

416.66

☐ Memo Item

P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

576.66

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. SIMON S FENG**

Mailing Address 10 CANDELA

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| IRVINE | CA    | 92620-1823 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP BUS &amp; TECH INTEG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR103663511831**

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. THOMAS GIBBONS**

Mailing Address 4400 PARK NEWPORT

|               |       |            |
|---------------|-------|------------|
| City          | State | Zip Code   |
| NEWPORT BEACH | CA    | 92660-6054 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP, TREASURY TAX &amp; ENTERPRISE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR103663611831**

Amount of Each Receipt this Period

375.00

☐ Memo Item

P/R Deduction (\$375.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. MARY M HAWKINS**

Mailing Address 6182 S 177TH ST

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| OMAHA | NE    | 68135-2897 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP OPS BUS SOLUTNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR103663911831**

Amount of Each Receipt this Period

70.00

☐ Memo Item

P/R Deduction (\$70.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

645.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MARK A KARPE**

Mailing Address 16 AUTUMNLEAF

City State Zip Code  
 IRVINE CA 92614-7596

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : PR10366411831**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. GREGORY L KEELING**

Mailing Address 325 LA JOLLA DR #2

City State Zip Code  
 NEWPORT BEACH CA 92663-4143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : PR10366421831**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. STEPHAN P MITCHELL**

Mailing Address 31870 PASEO NAVARRA

City State Zip Code  
 SAN JUAN CAPISTRANO CA 92675-3651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PRODUCT MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : PR10366461831**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. DAVID K ROSUCK**

Mailing Address 20 SAINT JOHN DR

City

HAWTHORN WOODS

State

IL

Zip Code

60047-9176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP MKTG COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103665011831

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. GEORGE A PAULIK**

Mailing Address 314 ROLLING ROCK RD SE

City

MARIETTA

State

GA

Zip Code

30067-4646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

NAT'L SALES LEADERSHIP CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103666511831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. CHARLENE A GRANT**

Mailing Address 3311 SEAVIEW AVE

City

CORONA DEL MAR

State

CA

Zip Code

92625-3056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103667511831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. DAWN M TRAUTMAN**

Mailing Address 308 REGATTA WAY

City

SEAL BEACH

State

CA

Zip Code

90740-5985

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP PRODUCT MGT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103668611831

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$300.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JEFFREY R WILT**

Mailing Address 1 BAILEY DR

City

GLENWOOD

State

NJ

Zip Code

07418-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103668811831

Amount of Each Receipt this Period

65.00

☐ Memo Item

P/R Deduction (\$65.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. STUART A HOLLAND**

Mailing Address 4931 CAREFREE TRAIL

City

PARKER

State

CO

Zip Code

80134-5240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP RETAIL SALES

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103669111831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

540.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 29 OF 61

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. BRANDON J CAGE**

Mailing Address 31885 OLD OAK RD

City State Zip Code  
 TRABUCO CANYON CA 92679-3245

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

Transaction ID : PR103669511831

Amount of Each Receipt this Period

0.00

☐ Memo Item

P/R Deduction (\$0.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. CHIN H KIM**

Mailing Address 18 AMANTES

City State Zip Code  
 RANCHO SANTA MARGARITA CA 92688-2704

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ADVANCED MRKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

Transaction ID : PR103670211831

Amount of Each Receipt this Period

120.00

☐ Memo Item

P/R Deduction (\$120.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JIM Y CHU**

Mailing Address 22931 GALAXY LN

City State Zip Code  
 LAKE FOREST CA 92630-4905

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PRICING &amp; DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

Transaction ID : PR103671411831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 61  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. TIFFANY L GREGATH**

Mailing Address 2820 CAMINO CAPISTRANO APT D

City State Zip Code  
 SAN CLEMENTE CA 92672-4812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP MARKETING SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103671511831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. STEVEN H GOLDBERG**

Mailing Address 11 TWIN FLOWER ST

City State Zip Code  
 LADERA RANCH CA 92694-1323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PRODUCT MGMT DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103671811831

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JASON T TODD**

Mailing Address 15 LEWISTON CT

City State Zip Code  
 LADERA RANCH CA 92694-0532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR103719911831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MADHU VIJAY**

Mailing Address 2 SKYGATE

City

ALISO VIEJO

State

CA

Zip Code

92656-1820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP &amp; CHIEF FIN OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   |   | 3 | 0 |   | 2 | 0 | 1 | 6 |   |   |

**Transaction ID : PR106147511831**

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. TIM N SHAHEEN**

Mailing Address 27621 HOMESTEAD RD

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-6603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP SHARED SVCS &amp; STRAT PLNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   |   | 3 | 0 |   | 2 | 0 | 1 | 6 |   |   |

**Transaction ID : PR106148711831**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. RAE A MCKEATING**

Mailing Address 4080 RIVOLI

City

NEWPORT BEACH

State

CA

Zip Code

92660-9025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   |   | 3 | 0 |   | 2 | 0 | 1 | 6 |   |   |

**Transaction ID : PR221307111831**

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

675.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. EDWIN J FERRELL

Mailing Address 34 CASTLEROCK

City State Zip Code  
 IRVINE CA 92603-0153

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INVSTMT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2016

Transaction ID : PR221307511831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. DENIS P KALSCHEUR

Mailing Address 15 BELMONT

City State Zip Code  
 NEWPORT BEACH CA 92660-6732

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VICE CHAIRMAN ACG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1664.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2016

Transaction ID : PR221307911831

Amount of Each Receipt this Period

416.00

☐ Memo Item

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. JENNIFER L ST ONGE

Mailing Address 3 GIVERNY

City State Zip Code  
 NEWPORT COAST CA 92657-1007

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP FIN &amp; DERIVATIVE RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2016

Transaction ID : PR221308011831

Amount of Each Receipt this Period

70.00

☐ Memo Item

P/R Deduction (\$70.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

586.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. TIMOTHY C MYERS**

Mailing Address 9 TROFELLO LN

City State Zip Code  
 ALISO VIEJO CA 92656-6215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

CORP TAX DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : PR221308611831**

Amount of Each Receipt this Period

130.00

☐ Memo Item

P/R Deduction (\$130.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JAY C HAMILTON**

Mailing Address 14 ARGOS

City State Zip Code  
 LAGUNA NIGUEL CA 92677-9003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CONTRACTS & CONFIGURATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : PR223363511831**

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. RICHARD J MILLER**

Mailing Address 2628 RYCROFT CT

City State Zip Code  
 CHESTERFIELD MO 63017-7108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : PR317368411831**

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

440.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. DOUGLAS P JACKSON**

Mailing Address 59 AUGUSTA

City

COTO DE CAZA

State

CA

Zip Code

92679-4829

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PROD MGMT & SALES SPPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR327771211831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. WILLIAM D BELL**

Mailing Address 12123 COURSER AVE

City

LA MIRADA

State

CA

Zip Code

90638-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ADVANCED DESIGNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR336778411831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DANIEL E KOMOROSKE**

Mailing Address 8 OSPREY AVE

City

ALISO VIEJO

State

CA

Zip Code

92656-1772

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP LIFE REINSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR336778811831

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. ADRIENNE MOUCH**

Mailing Address 2524 W WATROUS AVE

 City  
 TAMPA

 State  
 FL

 Zip Code  
 33629-5345

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR336779011831**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JEFFREY S PHILLIPS**

Mailing Address 14932 PENFIELD CIR

City

HUNTINGTON BEACH

State

CA

 Zip Code  
 92647-2319

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Pacific Life

Occupation

PROJECT MGMT CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR336779511831**

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. PARAG S SHAH**

Mailing Address 24972 FOOTPATH LN

City

LAGUNA NIGUEL

State

CA

 Zip Code  
 92677-6000

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR336779811831**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

425.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JAMES P WITKOWSKI**

Mailing Address 5620 FOXTAIL LOOP

City

CARLSBAD

State

CA

Zip Code

92010-7154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

CHANNEL MKTG DIR

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR336780211831**

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. MICHAEL F MIRANNE**

Mailing Address 153 SHUTE CIR

City

OLD HICKORY

State

TN

Zip Code

37138-1956

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FVP NSM FI

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR344191511831**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. KEVIN RODDY**

Mailing Address 23221 VIA DORADO

City

COTO DE CAZA

State

CA

Zip Code

92679-3922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP FINANCE

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR383708911831**

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. CHRISTIAN J PHANCO**

Mailing Address 18710 ORIENTE DR

City

YORBA LINDA

State

CA

Zip Code

92886-2555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR435823111831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. VINCENT A SPERA**

Mailing Address 1616 LOOKOUT CIR

City

WAXHAW

State

NC

Zip Code

28173-8085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR435823511831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DAVID T CHANG**

Mailing Address 18 IROQUOIS CT

City

IRVINE

State

CA

Zip Code

92602-0751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ERM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR595292511831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOHN F TRUJILLO**

Mailing Address 650 E CHASE DR

City  
CORONA

State  
CA

Zip Code  
92881-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP SYSTEMS ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR595292711831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. CADE H CHERRY**

Mailing Address 20 ESTERO POINTE

City

ALISO VIEJO

State

CA

Zip Code

92656-7040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP FIELD FINANCIAL MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR611258811831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. GARY L FALDE**

Mailing Address 9212 SANTIAGO DR

City

HUNTINGTON BEACH

State

CA

Zip Code

92646-6342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & CHIEF ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR611259011831

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. WESLEY J FARNER**

Mailing Address 42 MERIDIAN DR

City State Zip Code  
 ALISO VIEJO CA 92656-2696

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FINANCIAL ANALYST II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2016

Transaction ID : PR678850411831

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. MICHELLE P O'HAREN**

Mailing Address 790 N COAST HWY

City State Zip Code  
 LAGUNA BEACH CA 92651-1403

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

ADVANCED SALES CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2016

Transaction ID : PR678850811831

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. JESSICA L RICE**

Mailing Address 511 S 51ST AVE

City State Zip Code  
 OMAHA NE 68106-1362

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INTERNAL WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2016

Transaction ID : PR678851011831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

245.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. ALEXANDER F MUNRO**

Mailing Address 8 HILLSBOROUGH

City

NEWPORT BEACH

State

CA

Zip Code

92660-6733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ENTERPRISE TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR680012011831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. KORY J OLSEN**

Mailing Address 20241 BRENTSTONE LN

City

HUNTINGTON BEACH

State

CA

Zip Code

92646-5118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ACTUARIAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR691190611831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. KIM R CUNNINGHAM**

Mailing Address 15117 SPECTRUM

City

IRVINE

State

CA

Zip Code

92618-3426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR713129111831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. DAVID N FANGER

Mailing Address 817 10TH ST

City State Zip Code  
 SANTA MONICA CA 90403-1619

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CORP DEV FIN ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2016

Transaction ID : PR713129211831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. JANE B FORBES

Mailing Address 3376 CUMBERLAND LN

City State Zip Code  
 FRISCO TX 75033-2376

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

LTC REGIONAL DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2016

Transaction ID : PR713129311831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. JANE M GUON

Mailing Address 5 SPRINGWOOD

City State Zip Code  
 IRVINE CA 92604-4650

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP &amp; SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2016

Transaction ID : PR713129511831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JACQUES HUNTER**

Mailing Address 1215 GOLDENROD AVE

City State Zip Code  
 CORONA DEL MAR CA 92625-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FVP NSM RW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : PR713129611831**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOSEPH A NAGEL**

Mailing Address 23995 PIRAGUA PL

City State Zip Code  
 LAGUNA NIGUEL CA 92677-4233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : PR713129811831**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. KATHLEEN J MELGAR**

Mailing Address 2821 MONTEREY AVE

City State Zip Code  
 COSTA MESA CA 92626-5534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PRODUCT DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : PR713130011831**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 61  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. RUSSELL S PROCTOR**

Mailing Address 9 NORTHERN PINE LOOP

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| ALISO VIEJO | CA    | 92656-6034 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR PENSION SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR714269911831**

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. KEVIN R BYRNE**

Mailing Address 2110 CATALINA ST

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| LAGUNA BEACH | CA    | 92651-3677 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP FINANCE &amp; RISK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR723508111831**

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOHN R CRUISE**

Mailing Address 4348 WAIALAE AVE #507

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| HONOLULU | HI    | 96816-5767 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR723508211831**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 61  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JAMES L EHRET**

Mailing Address 6815 TRAFALGAR LOOP

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| DUBLIN | OH    | 43016-8316 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

Transaction ID : PR723508411831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. THOMAS M KELLY**

Mailing Address 779 ALDEN LN

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| LIVERMORE | CA    | 94550-4752 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

Transaction ID : PR723508711831

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$150.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DAVID L LAUTENSCHLAGER**

Mailing Address 22192 BROOKPINE

|               |       |            |
|---------------|-------|------------|
| City          | State | Zip Code   |
| MISSION VIEJO | CA    | 92692-1084 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

Transaction ID : PR723508811831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. THOMAS R MARKS**

Mailing Address 203 DIERKS DR

City State Zip Code  
 WESTERN SPRINGS IL 60558-2030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : PR723508911831**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JONATHAN H WALKER**

Mailing Address 99 SKYLINE TERRACE

City State Zip Code  
 MILL VALLEY CA 94941-3484

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : PR723509211831**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JASON P WOLF**

Mailing Address 21817 NE 97TH PL

City State Zip Code  
 REDMOND WA 98053-7689

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : PR723509311831**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

360.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MS. SUSAN A WOOD**

Mailing Address 809 GREER ST

City  
COVINGTON

State Zip Code  
KY 41011-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ADVANCED SALES CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

Transaction ID : PR723509411831

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. BRIAN T WOOLFOLK**

Mailing Address 828 S 182ND ST

City  
ELKHORN

State Zip Code  
NE 68022-5707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP PRICING &amp; PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

Transaction ID : PR723509511831

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JAMES B CLINKSCALES**

Mailing Address 3408 AUTUMN CT

City  
FORT WORTH

State Zip Code  
TX 76109-2606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

Transaction ID : PR737236511831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. FRANK L BECERRA**

Mailing Address 2004 VIA AGUILA

City State Zip Code  
 SAN CLEMENTE CA 92673-5670

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR NETWORK &amp; STORAGE SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2016

Transaction ID : PR749794411831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. KEITH A BUCK**

Mailing Address 27743 HOMESTEAD RD

City State Zip Code  
 LAGUNA NIGUEL CA 92677-3762

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ADVANCED DESIGNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2016

Transaction ID : PR749794511831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOHN G REBER**

Mailing Address 507 VIA EL RISCO

City State Zip Code  
 SAN CLEMENTE CA 92673-6608

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INDEPENDENT PROD NETWORK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2016

Transaction ID : PR749795911831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOSEPH C LEE**

Mailing Address 1244 BRIDLE ESTATES DR

City  
YARDLEY

State Zip Code  
PA 19067-3957

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

NATL SLS MGR WIREHOUSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : PR751591211831**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. TIMOTHY F SHONTERE**

Mailing Address 24642 BENJAMIN CIR

City  
DANA POINT

State Zip Code  
CA 92629-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP EMPLOYEE RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : PR751591311831**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. CHRISTOPHER R CAIRNS**

Mailing Address 8008 PASEO ESMERADO

City  
CARLSBAD

State Zip Code  
CA 92009-9800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR NATIONAL SALES MGR RLO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : PR754273611831**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. CHRISTOPHER T RITONDO**

Mailing Address 46 TIMBERNECK DR

City  
READING

State  
MA

Zip Code  
01867-1845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FVP NATIONAL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR754273711831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOHN P ANGEL**

Mailing Address 460 S POPLAR AVE

City  
ELMHURST

State  
IL

Zip Code  
60126-4014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR799017911831

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. WILLIAM C BARCLAY**

Mailing Address 779 OLD COUNTRY RD

City  
WESTPORT

State  
MA

Zip Code  
02790-1168

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR799018011831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 50 OF 61  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOHN J CONOVER**

Mailing Address 145 LINDEN DR

|               |       |            |
|---------------|-------|------------|
| City          | State | Zip Code   |
| BASKING RIDGE | NJ    | 07920-1964 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR799018511831**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. KURT A DAMRON**

Mailing Address 9563 HAMPTON RESERVE DR

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| BRENTWOOD | TN    | 37027-8485 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR799018711831**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. KENNETH A MCCLINTOCK**

Mailing Address 3915 BELL HOLLOW LN

|      |       |            |
|------|-------|------------|
| City | State | Zip Code   |
| KATY | TX    | 77494-2455 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR799019111831**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 51 OF 61

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. JOHN C TEMME**

Mailing Address 3352 FALLING WATER CT

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| SIMI VALLEY | CA    | 93063-5749 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

Transaction ID : PR799019311831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. WALTER B ZINYCH**

Mailing Address 1376 HELLER DR

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| YARDLEY | PA    | 19067-2714 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

Transaction ID : PR799019511831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. MARK S CAMPISANO**

Mailing Address 6 BETHANY

|               |       |            |
|---------------|-------|------------|
| City          | State | Zip Code   |
| LAGUNA NIGUEL | CA    | 92677-2931 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP TAX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

Transaction ID : PR801927311831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

|        |
|--------|
| 525.00 |
|--------|

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. STUART I HUTCHINS**

Mailing Address 7997 S FAIRFAX CT

City

CENTENNIAL

State

CO

Zip Code

80122-3883

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR801927411831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. SAMUEL E MASEMER**

Mailing Address 225 CALEB DR

City

WEST CHESTER

State

PA

Zip Code

19382-6177

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP INVESTMENT SPEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR805019111831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DAVID M DIANTONIO**

Mailing Address 416 COLONIAL AVE

City

WESTFIELD

State

NJ

Zip Code

07090-3009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR821860211831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

525.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOHN T DIECK**

Mailing Address 7 LOAM

City

COTO DE CAZA

State

CA

Zip Code

92679-5225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP AGGREGATE RISK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR821860311831

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DAVID M LANGAN**

Mailing Address 14 ANNESLEY DR

City

GLEN MILLS

State

PA

Zip Code

19342-1357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR821860511831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. ARTHUR V PANIGHETTI**

Mailing Address 405 PROMONTORY DR E

City

NEWPORT BEACH

State

CA

Zip Code

92660-7447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP REGULATORY PROJECT (ERM)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR821860911831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. GEORGE M MCFADDEN**

Mailing Address 20721 AVALON DR

City

ROCKY RIVER

State

OH

Zip Code

44116-1317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

Transaction ID : PR829263111831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. PAUL B KUDYBA**

Mailing Address 9361 SW 69TH ST

City

MIAMI

State

FL

Zip Code

33173-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

Transaction ID : PR832704411831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. GEOFFREY P KISSEL**

Mailing Address 16 WHISTLING ISLE

City

IRVINE

State

CA

Zip Code

92614-5458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INSTITUTIONAL SALES

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

Transaction ID : PR835331811831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. GEORGE A MAHASSEL**

Mailing Address 4 STONEGATE CIR

City  
GRAFTONState  
MAZip Code  
01519-1250FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR835331911831**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DARRELL DELL'ANDREA**

Mailing Address 1 BLUECOAT

City  
IRVINEState  
CAZip Code  
92620-2607FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR840159111831**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. EDMUND M JOHNSON**

Mailing Address 23 HOLLYHOCK LN

City  
MISSION VIEJOState  
CAZip Code  
92692-5944FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ARCHITECTURE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2016        |

**Transaction ID : PR848549911831**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. HEATHER R BRADLEY**

Mailing Address 355 E OHIO ST

City  
CHICAGO

State Zip Code  
IL 60611-5452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

LTC REGIONAL DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR849893911831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. HYUNG T KIM**

Mailing Address 39 WYNDHAM ST

City  
LADERA RANCH

State Zip Code  
CA 92694-0251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR849894511831

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOHN R CRAVEN**

Mailing Address 13225 BRIGHT SKY OVERLOOK

City  
AUSTIN

State Zip Code  
TX 78732-2392

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR858069911831

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MICHAEL J JORDAN**

Mailing Address 90 PILGRIM LN

City

DREXEL HILL

State

PA

Zip Code

19026-4808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP MUTUAL FUND SPEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

**Transaction ID : PR858070111831**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

33810.98

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 61

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Beatty For Congress**Mailing Address 222 East Town Street  
Suite 2W

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joyce Beatty**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 03

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 20    |   | 2016        |

**Transaction ID : 14022932**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Sherrod Brown**

Mailing Address 328 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name

**Sherrod Brown**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2018  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 20    |   | 2016        |

**Transaction ID : 14022933**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Sherrod Brown**

Mailing Address 328 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name

**Sherrod Brown**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2018  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 20    |   | 2016        |

**Transaction ID : 14022934**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

☐ Memo Item  
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|         |
|---------|
| 3000.00 |
|---------|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 61

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kind for Congress**Mailing Address 233 Pennsylvania Avenue, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Ron Kind**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: WI District: 03Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 20    |   | 2016        |

**Transaction ID : 14022935**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Luke Messer For Congress**Mailing Address 1001 Pennsylvania Avenue, NW  
Suite 1300 N.

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Luke Messer**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: IN District: 06Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 20    |   | 2016        |

**Transaction ID : 14022936**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Moore For Congress**

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Gwendolynne Moore**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: WI District: 04Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 20    |   | 2016        |

**Transaction ID : 14022937**

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

☐ Memo Item  
Contribution**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|         |
|---------|
| 5500.00 |
|---------|

|  |
|--|
|  |
|--|

|  |     |  |     |   |     |  |     |  |    |  |     |
|--|-----|--|-----|---|-----|--|-----|--|----|--|-----|
|  | 21b |  | 22  | X | 23  |  | 24  |  | 25 |  | 26  |
|  | 27  |  | 28a |   | 28b |  | 28c |  | 29 |  | 30b |

# Pacific Life Insurance Company Political Action Committee

### A. Healthcare Freedom Fund

Date of Disbursement

Transaction ID : 14022938


011

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

1000.00

 Memo Item  
Contribution

### B. Roskam For Congress

Date of Disbursement

04 / 20 / 2016

Transaction ID : 14022939

011

Category/  
Type


Disbursement For: 2016

☐ Primary ☒ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

| Age Group | Percentage |
|-----------|------------|
| 18-24     | 100.00     |
| 25-34     | ~85.00     |
| 35-44     | ~75.00     |
| 45-54     | ~65.00     |
| 55-64     | ~55.00     |
| 65-74     | ~45.00     |
| 75-84     | ~35.00     |
| 85+       | ~25.00     |

 Memo Item  
Contribution

### C. Peter Norbeck Leadership PAC

Date of Disbursement

Transaction ID : 14022940

011

Category/  
Type

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Amount of Each Disbursement this Period

 Memo Item  
Contribution

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 61

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. THE COMMITTEE TO RE-ELECT LINDA SANCHEZ**

Mailing Address 410 1st Street SE, Suite 310

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20003    |

Purpose of Disbursement  
Contribution

Candidate Name

**Linda Sanchez**

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |
| State: CA      | District: 38                              |

|  |
|--|
| Disbursement For: 2016   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

011

Category/  
Type

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 20    |   | 2016        |

**Transaction ID : 14022941**

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

☐ Memo Item  
Contribution**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |
| State:         | District:                          |

|   |
|---|
| Disbursement For:   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

Category/  
Type

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |
| State:         | District:                          |

|   |
|---|
| Disbursement For:   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

Category/  
Type

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|         |
|---------|
| 1500.00 |
|---------|

|          |
|----------|
| 13000.00 |
|----------|